IREDELL COUNTY HEALTH DEPARTMENT

PJS

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 237384

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4638-79-8516 ✓

APPLICANT/OWNER: Masako Mori / Titan Builders / CS+SC | APPLICANT ADDRESS: 137 High Hills Dr. Mooresville, NC 28117

SITE ADDRESS: 106 Stumpy Creek Rd. Mooresville, NC 28117 ✓ | PHONE: 708-557-5488 | ALT. PHONE —

SITE DIRECTIONS: Perth Rd N from Rt 150 → Site on left across from Corneling Rd intersection | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ — | 3-10-20 | SECTION: — | LOT # — | LOT AREA: 2.00 acres | DESIGN FLOW: 457 GPD | L.T.A.R.: 0.30

Septic Tank	2×1000 (gal)	STB	760/760	Date	2-10-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms —
Pump Tank	1000 (gal)	PT	306	Date	2-5-20	System Description: Conventional (PM)		☒ Business	No. Persons —
Pump Make	Zoeller	Model	BN152-B	Serial #	—	Repair System Description: Conventional (PM)		☐ Other ↑ vet clinic	No. Employees 4
# Nitrification Fields	1	# Lines	6	Linear Ft	508	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	12"	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: As of site visit on 2/12/2020, structure already built. A Zable A-300 series (or similar industrial-grade) effluent filter must be used on Both tanks. Though this system does not require a maintenance agreement routine cleaning of the effluent filter on the trash tank (1st tank) will need to be done on a routine basis to ensure no clogging of the system.

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consultants, PLLC

Adrian Pruett LSS# 1314

Dated 2/3/2020

Revised 2/12/2020

AS BUILT SKETCH

State road Right-of-Way must be marked by surveyor with stakes/markers present throughout construction. Any cuts of greater than 2' within 15' of any septic components can invalidate this permit and be grounds for suspension/revocation.

3/13/20 tanks left off Bldg. Checked PM & top line

* infiltrator product w/ no reduction installed.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3/2/2020 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/14/2020 OPERATION PERMIT by: [signature] Date: 3-16-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/17/2020 Existing System Inspected by: — Date: —

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

1st drain line 3/13/20 MD

	Date	Initials
Drain Lines Checked	3/16	KW
Tanks Checked	3/13/20	MD
Pressure Manifold or Valve Box Checked	3/13/20	MD
Pressure Head Set	3/16	KW
Electrical Checked	3/16	KW
Floats Set	3/16	KW
Alarm Checked	3/16	KW
Maintenance Contract Y / (N)		

*infiltrator product w/ no reduction installed


SCALE
1"=50'
TBM 901.16'
32.47'
443.63'
RIGHT OF WAY
CUT
ST1
ST2
PT 897.16'
CORNER 897.10'
WELL
BC
APPROVED FEB 17 2020

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed design for an Conventional Gravel Septic System with Pressure Manifold distribution for a 457 gpd Veterinarian Clinic at 106 Stumpy Creek Rd. Mooresville , Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3
- System Tapsheet---------- 4
- Pressure Manifold Diagram---------- 5

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Revised: 2/12/20
February 3, 2020
Job Number: 19181
Design By: Adrian L. Pruett

APPROVED FEB 1 7 2020

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer when requested.
- All tanks shall be properly back filled and compacted to prevent slumping at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank riser is used it should be a minimum of 6" above finished grade or within 6" below finished grade.
- Design precludes use of foundation drains on the residence and assumes back filling for positive drainage unless other wise noted.
- Trench walls should be raked, limed and installed at the depth specified by this design.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **System is specified as a PRESSURE MANIFOLD CONVENTIONAL GRAVEL installation.**
- **Repair is specified as a PRESSURE MANIFOLD CONVENTIONAL GRAVEL installation.**
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

APPROVED FEB 17 2020

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Masako Mori
Address:	137 High Hills Dr. Mooresville, NC 28117
Phone:	708-557-5488
County:	Iredell
Location:	ALOHA VET CLINIC
Drainfield Design Flow (gpd):	457
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	8 in.
Gravel Size:	3, 4, 5, 57, or 6 ASTM
Total Lateral Length From Layout:	508
Total Lateral Length Required:	507.7777778
Trench Depth:	30 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1524
Repair Trench Spacing:	9 ft. on center
Repair Trench Depth:	32 in. Low side
Septic Tank 1 Size:	1000
Septic Tank 2 Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	90
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	15.66
Dosing Volume:	232.21
Pump Tank Draw Down:	11.1
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	2.37
Elevation Head:	13.00
Total Dynamic Head:	20.56
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

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**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

**25% reduction material may be used but at no reduction*

ALOHA VET CLINIC
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 457 GPD VET CLINIC — February 3, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					901.16'		
INSTR. 1							
BUILDING					897.10		
TANK					897.16		
1	***PINK***				***904.30***	***64***	***64***
2	***YELLOW***				***904.11***	***38***	***38***
3	***BLUE***				***903.86***	***105***	***105***
4	***RED***				***903.58***	***51***	***51***
5	***YELLOW***				***903.25***	***144***	***140***
6	PINK				902.72	72	72
6	***PINK***				***902.72***	***110***	***110***
7	BLUE				902.33	166	166
8	YELLOW				902.05	54	54
9	RED				901.36	43	43
10	PINK				901.10	29	29
11	BLUE				899.89	23	23
12	RED				899.22	28	28
13	YELLOW				898.14	28	28
14	PINK				897.53	27	27
15	BLUE				897.53	24	24
16	ORANGE				896.62	20	20
17	BLUE				896.33	34	34
18	PINK				895.45	28	28
					Total	**1088**	**1084**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***508***	***CONV.***	***0.300***	***GRAVEL***	**PRESSURE MANIFOLD**
Repair	576	CONV.	0.300	GRAVEL	LOW PRESSURE

Notes:
** TBM located at property corner (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

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Comments: **Flow determined from email correspondence with Trish Angoli, PE.**
Flow based off of 50 gpd/surgery room (1), 50 gpd/dental room (1), 10 gpd/dog run (6 runs), 75 gpd/vet doctor (1), 75 gpd/vet tech (2), 10 gpd grooming/ animal (1), 20 gpd/client care representative (1) and 14 gallon per load washing machine with 3 loads daily.
A minimum of 2 septic tanks to be installed in series with Septic Tank 1 (ST1 on Site Plan) collecting flow from the bath, hand sinks and washing machine.
A minimum 1/32 effluent filter to be used within ST1 as it will be collecting flow from the bath tub, hand sinks and washing machine. Example approved hair trapping filters are Zabel A300-8x26 or Zabel A300-8x32 or equivalent.
System is specified as a Conventional system install but Chambers may be used in the place of gravel and corrugated pipe. No reduction in line length given for using Chamber material.
All cleaning to be hand dry cleaning method using spray cleaner, wiping and physical removal of waste.
Risers of both septic tanks must extend 6 inches above final grade and filter in ST1 must be cleaned on a weekly basis or as needed.
Follow NC DHHS Onsite Water Protection Branch guidelines for Domesticated Animal Care Facilities.
Iredell County has CS&SC's permission to relocate tanks and distribution devices as needed.

PRESSURE MANIFOLD TAPSHEET - ALOHA VET CLINIC

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
1&2	*P&Y*	*904.30*	*102*	SCH 40 1/2	**7.11**	47.97	306	0.16
3&4	*B&R*	*903.86*	*156*	SCH 80 3/4	**10.1**	68.14	468	0.15
5	*YELLOW*	*903.25*	*140*	SCH 80 3/4	**10.1**	68.14	420	0.16
6	*PINK*	*902.72*	*110*	SCH 40 1/2	**7.11**	47.97	330	0.15
	total	**feet =**	**508**	**gal/min =**	**34.42**			
			Des. Flow	**457**				
			Pump Run=	**6.75**				
			LTAR	**0.30**				

Some lines flagged longer in the field, shorten to lengths shown here.

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CALCULATIONS

Location	ALOHA VET CLINIC		
Lot No:			
Design Flow	457	$^{gal}/_{day}$	
LTAR	0.3	$^{gpd/ft^2}$	
25% RED.? (YES OR NO)	NO		
Supply Line Length	90	ft.	
Supply Line Volume	15.66	gal.	
Required Feet of Line	507.7778	ft.	
Amount of Line from Layout	508	ft.	
Gallons per Minute	34.42	$^{gal}/_{min}$	
Required Septic Tank Capacity	1000	gal.	(x2)
Minimum Standard Tank Size	1000		
Lateral Line Volume	331.724	gal.	
Dosing Volume	232.21	gal.	
	Note:	*Dosing Volume based on 70% of lateral line volume*	
Tank Draw Down	11.1	*Generic Draw Down of 21 gal.per in.*	
Pump Run Time	6.75	minutes	
Elevation Head	13	ft.	
Pressure Head	2	ft.	
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*	
Friction Head	2.13	ft.	
Total Dynamic Head (+20%)	20.56	ft.	

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

APPROVED FEB 17 2020

X

2-6-2020

$225.00

#237384

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MASAKO MORI/TITAN BUILDERS/CS&SC **Address:** 137 High Hills Dr., Mooresville , NC **Zip:** 28117

Applicant Email: dr.mori@aloha-vet.com **Phone:** 708-557-5488 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 106 STUMPY CREEK RD. MOORESVILLE, NC 28117

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: 150 W, TR PERTH, CORNER OF PERTH AND LIVA

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms:
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: VET CLINIC
Square Footage of Building: 4088 Max. Number of Employees: 4 Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 2-6-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Masako Mori, am the legal owner(s) of the property located at 1010 Stumpy Creek Rd. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638798516.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Adrian Pruett, Carolina Soil & Septic Consulting, PLLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Masako Mori — 10/2/2018 — E. Green — 10/2/18

Signature of Owner(s) | Date | Signature of Witness | Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROP. ID #: 4638798516
COUNTY: IREDELL

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: MASAKO MORI
ADDRESS:
PROPOSED FACILITY: VET CLINIC PROPOSED DESIGN FLOW (.1949): 457 GPD
LOCATION OF SITE: 106 STUMPY CREEK RD. MOORESVILLE, NC 28117
WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE: 10/4/2018
DATE EVALUATED: 10/3/2018
PROPERTY SIZE: 2 AC
PROPERTY RECORDED: YES

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/5%	0-27	RC,S,ABK	FI,S,SP,SEXP	NA	54	NA	54	0.3
		27-54	RC,W,ABK	FR,SS,SP,SEXP					
2	LS/4%	0-3	SCL,W,SBK	FR,SS,SP,SEXP	NA	52	NA	52+	0.3
		3-25	RC,S,ABK	FI,S,SP,SEXP					
		25-52	RC,M,ABK	FI,S,SP,SEXP					
3	LS/2%	0-2	SCL,W,SBK	FR,SS,SP,SEXP	NA	52	FEW INC 25-52	52+	0.3
		2-25	RC,S,ABK	FI,S,SP,SEXP					
		25-43	RC,M,ABK	FI,S,SP,SEXP					
		43-52	RC,W,ABK	FI,S,SP,SEXP					
4	LS/6%	0-30	RC,S,ABK	FI,S,SP,SEXP	NA	52	FEW INC 30-52	52+	0.3
		30-45	RC,M,ABK	FI,S,SP,SEXP					
		45-52	RCL,M,SBK	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	PM 25% REDUCTION	LP PPBPS
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	DAVID BEANE, JACOB CONRAD

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #: 4638798516

COUNTY: IREDELL

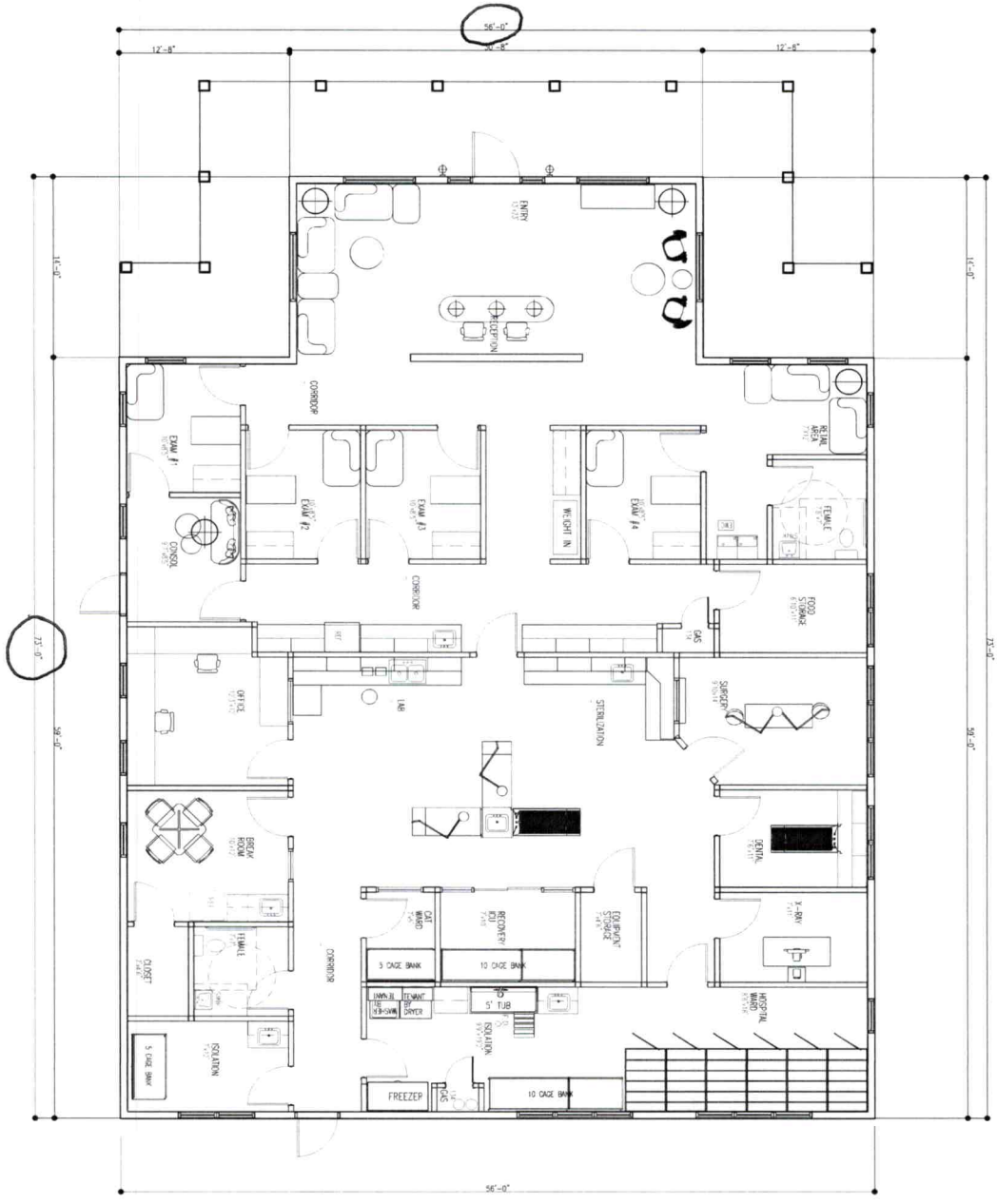
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	LS/7%	0-18	RC,S,ABK	FI,S,SP,SEXP	NA	52	NA	52+	0.3
		18-37	RC,M,ABK	FI,S,SP,SEXP					
		37-52	RCL,W,SBK	FI,S,SP,SEXP					

Acknowledgement of
Plans Submittal ONLY!

Date 11/7/18

Date 12/6/18



A FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"
TOTAL HEATED SQUARE FOOTAGE
600 COVERED DECK AREA
OVERALL BUILDING HEIGHT 25'-2"

SHEET NUMBER: A1.0 OF: 1	DATE: 8-15-18 REVISIONS:	PROJECT NO: 1 2017.03	SHEET: EXISTING SITE PLAN	A NEW BUILDING FOR: ALOHA VETERINARIAN CLINIC 219 SIMPSON STREET S.W., CONOVER, NORTH CAROLINA 28613	PROJECT	THESE DRAWINGS ARE THE PROPERTY OF ICARD ARCHITECTURE, PLLC THEY MAY NOT BE REPRODUCED OR REUSED WITHOUT THE WRITTEN PERMISSION. USE WITHOUT PERMISSION IS A VIOLATION OF NORTH CAROLINA, GENERAL STATUTES.

ICARD ARCHITECTURE, PLLC
P.O. BOX 490
CONOVER, NORTH CAROLINA 28613
PHONE 828-464-1038 FAX 828-465-4562
EMAIL ICARD@ICARDARCHITECTURE.COM

Faxed 11/30/18

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Alfred L Kiesling Jr
Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A
NC Well Contractor Certification Number

B & K Well Drilling Inc
Company Name

2. Well Construction Permit #: 237005
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	■Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: _____

5a. Well location:

Mecaka Mavi / Jean Bleiders
Facility/Owner Name — Facility ID# (if applicable)

106 Stamp Creek Rd
Physical Address, City, and Zip

Fredell
County

4638-79-8516
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 40 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: NA (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☑ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

1 1/2 Bags Hydrolog
10 As concrete

7g. Provide a brief description of the abandonment procedure:

poured + Hydrated

8. Certification:

Alfred Kiesling Jr — 11-30-18
Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit.
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
237384
Issue Date: 07/23/2018

237005 - septic

ZONING PERMIT

Commercial

Parcel Number	Street Address	Jurisdiction
4638798516.000	106 STUMPY CREEK ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MORI, MASAKO SCHLUETER, RAYMOND S.	Applicant: MORI, MASAKO
Address: 137 HIGH HILLS DR	Address: 137 HIGH HILLS DR
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
ALOHA VETERINARY HOSPITAL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000					CACL	X

Remarks:

ALL LANDSCAPING AND PARKING MUST BE INSTALLED BEFORE A ZONING FINAL AND CO; ANY CHANGES TO THE SITE PLAN MUST BE APPROVED

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	146285	TOTAL FEES:	$ 177.25